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| Michael I. Kro 171 Stillwell La Syosset, NY 117 | ll ne | 1/2006 | | | I hei State addr trans | eby certify that the | is Fee(| of Mailing or Transr s) Transmittal is being ficient postage for firs ISSUE FEE address 1) 273-2885, on the da | nission deposited with the United t class mail in an envelope above, or being facsimile tte indicated below. |
| 01/09/2007 RMEBRAH1 00000083 10761921 | | | | | | MICH | 142 | 1 I Klos | (Depositor's name) |
| 01 FC:2501 700.00 0P | | | i , | | William | | | lude | (Signature) |
| | | | | | | 1/3/07 | | | (Date) |
| APPLICATION NO. | FILING DATE | | | FIRST NAMED INVEN | TOR | | ATTO | RNEY DOCKET NO. | CONFIRMATION NO. |
| 10/761,921 | 01/19/2004 | | | Sheila Bokina | - | SB-1-GW | | SB-1-GW | 4112 |
| TITLE OF INVENTION | I: SURGICAL TAPE DI | SPENS | SER | | | ٠ | | · | |
| APPLN. TYPE | SMALL ENTITY | IS | SUE FEE DUE | PUBLICATION FEE D | UE | PREV. PAID ISSU | E FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | | \$700 | \$0 | | \$0 | | \$700 | 01/04/2007 |
| EXAMINER | | | ART UNIT | CLASS-SUBCLASS | | • | | | |
| DEXTER, CLARK F | | | 3724 | | | | | | |
| 1. Change of correspond CFR 1.363). Change of corresp Address form PTO/S "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | | |
| 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI | less an assignee is ident th in 37 CFR 3.11. Com | ified b | clow, no assignee | data will appear on th | he pa gan a | tent. If an assign | | | ocument has been filed for |
| Please check the appropr | riate assignee category or | r catego | ories (will not be pr | inted on the patent): | | Individual Co | orporati | on or other private gro | up entity Government |
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| | s SMALL ENTITY state | us. Sec | 37 CFR 1.27. | ☐ b. Applicant is no | long | er claiming SMAI | L EN | ΓΙΤΥ status. See 37 CF | R 1.27(g)(2). |
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